



Commonwealth
of Massachusetts

Form CPF 102ND : Campaign Finance Report Office of Campaign and Political Finance

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2009 OCT 26 A 11: 20

CPF ID# 10011A
BOSTON, MA

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108

(617) 727-8352

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month SEPTEMBER Date 5, Year 2009 Ending Month OCTOBER Date 16 Year 2009

Type of report: (Check one)

☐ 8th day preceding primary ☒ 8th day preceding election ☐ year-end report ☐ dissolution ☐ 30 days after special election

ALTHEA GARRISON

Full Name of Candidate

DISTRICT 7 BOSTON CITY COUNCIL

Office Sought/District

98 HOWARD AVE. BOSTON, MA 02125

Residential Address

Tel. No. (optional)

COMMITTEE TO ELECT ALTHEA GARR.

Committee Name

CAROL KOZACHUK

Name of Committee Treasurer

28 VIRGINIA ST. BOSTON, MA 02125

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ -0-
Line 2: Total receipts this period (page 2, line 11)	\$ 571.30
Line 3: Subtotal (line 1 plus line 2)	\$ 571.30
Line 4: Total expenditures this period (page 3, line 14)	\$ 571.30
Line 5: Ending balance (line 3 minus line 4)	\$ - 0-
Line 6: Total in-kind contributions this period (page 4)	\$ -0-
Line 7: Total (all) outstanding liabilities (page 4)	\$ 88682.13
Line 8: Name of bank(s) used	

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules, and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without committee OR Candidate with independent activity filing separate report

I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate's signature (in ink)

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name, CPF ID# and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/5/09 thru 10/6/09	ALTHEA GARRISON 98 HOWARD AV. BOSTON, MA 02125	321	30	CLERK COMMONWEALTH OF MASS.
9/18/09	ERNEST J. RAMOS 130 AUCKLAND ST. BOSTON, MA 02125	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		421	30	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		150	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		571	30	

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/18/09	U.S. POSTAL SERV.	FORT POINT STAT. BOSTON, MA	POLITICAL MAIL	440	00
9/15/09	NEX GRAPHIX AND PRINTING INC.	36 WARREN ST. ROXBURY, MA	POSTERS	50	00
Line 12: Expenditures over \$50				490	00
Line 13: Expenditures \$50 and under*				81	30
Line 14: TOTAL EXPENDITURES				571	30

Enter on page 1, line 4

* If you have itemized expenditures \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6				Line 15: In-kind over \$50
				0
				Line 16: In-kind \$50 and under
				0
				Line 17: Total In-kind
				0

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contributor has given an aggregate amount of \$200 or more in a calendar year, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
1/12/82 thru 9/4/2009	ALTHEA GARRISON	98 HOWARD AVE. DORCHESTER, MA 02125	POLITICAL LOANS CAMPAIGN EXPENSE	87860.83
9/5/2009 thru 10/16/09	ALTHEA GARRISON	98 HOWARD AVE. BOSTON, MA 02125	POLITICAL LOANS CAMPAIGN EXPENSE	321.30
11/3/95	AL HANAFT	276 BELGRADE ST. BOSTON, MA	POLITICAL LOAN CAMPAIGN EXPENSE	500.00
Enter on page 1, line 7				Line 18: OUTSTANDING LIABILITIES (ALL)
				88682.13

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.